

# Recovery from Cyst Removal with an Innovative Topical Powder (EctoSeal P2G)

## Case Report:

A male patient in his fifties with no underlying conditions suffered from a recurrent cyst on his right sole. The surgeon removed it again but cut the surrounding tissue a lot deeper this time to attempt a complete removal without recurrence. As a result, a larger wound was formed, and the patient was concerned that it would not heal correctly. The wound affected day-to-day activities such as moving about, walking, climbing stairs, and also sleeping. The patient is very active, and the wound limited his leisure activities. A clinical compounding pharmacist recommended an innovative topical powder including pentoxifylline, phenytoin, naltrexone, misoprostol, arginine and beta glucan in the proprietary base, PCCA EctoSeal P2G (Table 1). The patient was instructed to apply the topical powder twice a day, in the morning and upon bedtime, according to the following routine: to clean the wound, to apply the topical powder, to seal the wound with a large waterproof band aid. No other medications were taken or applied. To further understand the impairment of quality-of life, the patient completed the Wound-QoL-17 by Blome *et al.* (2014), a validated questionnaire composed of 17 items which are classified according to 3 subscales: body, psyche and everyday life. Each item is scored from 0 (not at all) to 4 (very much). Permission was requested and obtained by the license holder to use this questionnaire for the purpose of individual case studies. Before treatment, the patient scored a total of 32 points. Considering that the maximum total score is 68 (17x4), it is concluded that the wound had a moderate impairment on the patient's quality of life. The most affected subscales were "psyche" and "everyday life". According to the patient, the wound care routine was quick, painless, and straightforward.

*I did not anticipate the wound to heal as quickly as it did.*

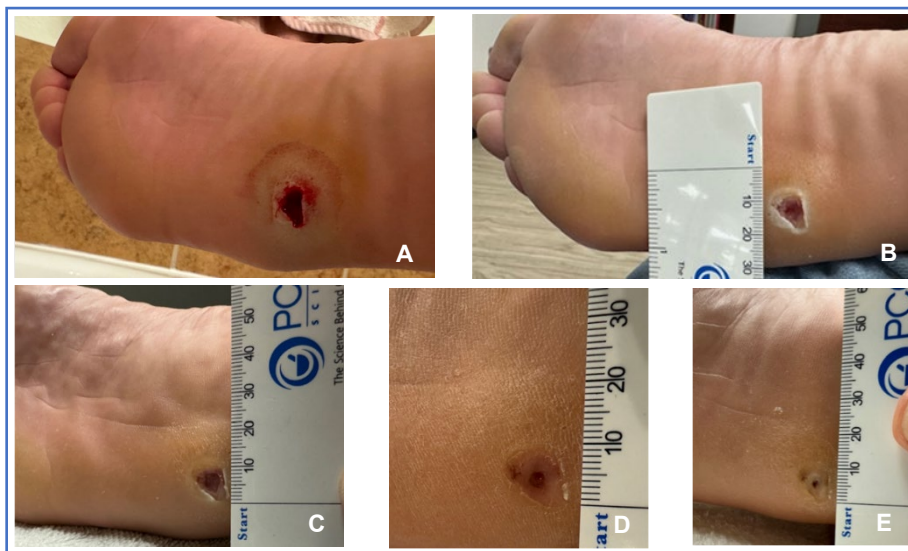
Figure 1A shows the sole of the patient's right foot following removal of the cyst, on November 4<sup>th</sup>, 2023. Three days later, the patient took another digital photograph which shows a wound measuring about 1.1 cm (Figure 1B). Topical compounded treatment was initiated on November 7<sup>th</sup> with twice daily applications of the innovative powder. The wound decreased to about 0.8 cm (Figure 1C) and then 0.4 cm (Figure 1D) following 1-day and 5-days post-treatment, respectively. The wound was fully closed by day 7, measuring only 0.2 cm as shown in Figure 1E.

### Rx

Pentoxifylline USP	2 g
Phenytoin USP	2 g
Naltrexone Hydrochloride USP Anhydrous	Calculate
Misoprostol 1% (HPMC Dispersion)	0.24 g
Arginine Hydrochloride USP	1 g
Beta Glucan (1,3) NQ	0.2 g
Base, PCCA EctoSeal P2G™ Powder	q.s. 100 g

**Table 1.** Pentoxifylline 2%/Phenytoin 2%/ Naltrexone HCl 0.1%/Misoprostol 0.0024%/Arginine HCl/Beta Glucan Topical Powder (EctoSeal P2G): PCCA Formula 14899.

Blome C, Baade K, Sebastian Debus E, Price P and Augustin M (2014). The "Wound-QoL": A short questionnaire measuring quality of life in patients with chronic wounds based on three established disease-specific instruments. *Wound Repair Regen* 22:504-14.



**Figure 1.** Digital photographs of the patient's right foot (sole) before treatment (A-B) and upon topical compounded treatment (C-E) for 7 days.